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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number 47113-US			
	First Named Inventor Schlom, Jeffrey			
	<i>COMPLETE IF KNOWN</i>			
	Application Number	09/366,670		
	Filing Date	August 3, 1999		
	Group Art Unit			
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST MUC1
TUMOR-ASSOCIATED ANTIGEN**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) August 3, 1999 as United States Application Number or PCT International

Application Number 09/366,670 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/038,253	02/24/1997	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/03693	February 24, 1998	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Number Bar Code
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Name	Registration Number	Name	Registration Number
David S. Resnick	34235	Georgia Caton	P44597
Ronald I. Eisenstein	30628	Dennis M. Connolly	40964
Jeffery B. Arnold	39540	Lisa A. Dolak	35491

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	David S. Resnick				
Address	101 Federal Street				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057	Fax	(617) 345-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Jeffrey		Schlom			
Inventor's Signature				Date	
Residence City	Potomac	State	MD	Country	USA
Post Office Address	10525 Tyler Terrace				
Post Office Address					
City	Potomac	State	MD	ZIP	20854
Country					
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Judith				Kantor			
Inventor's Signature					Date		
Residence: City		Rockville	State	MD	Country		Citizenship USA
Post Office Address		1096 Larkspur Terrace					
Post Office Address							
City		Rockville	State	MD	ZIP	20850	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald				Kufe			
Inventor's Signature		D. W. Kufe			11/9/99		Date
Residence: City		Wellesley	State	MA	Country		Citizenship USA
Post Office Address		179 Grove Street					
Post Office Address							
City		Wellesley	State	MA	ZIP	02181	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis				Panicali			
Inventor's Signature					Date		
Residence: City		Acton	State	MA	Country		Citizenship USA
Post Office Address		114 Nonset Path					
Post Office Address							
City		Acton	State	MA	ZIP	02170	Country

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
William T. French	16297		
Gunnar G. Leinberg	35584		
Edwin V. Merkel	40087		
Michael L. Goldman	30727		

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Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Linda

Gritz

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship USA

Post Office Address

3 Emerson Street

Post Office Address

City

Somerville

State

ZIP

Country

Name of Additional Joint Inventor, if any:

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	Application Number	09/366,670	
	Filing Date	August 3, 1999	
	Group Art Unit		
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		Examiner Name	

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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OR

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Number Bar Code
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Name	Registration Number	Name	Registration Number
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Ronald I. Eisenstein	30628	Dennis M. Connolly	40964
Jeffery B. Arnold	39540	Lisa A. Dolak	35491

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Name	David S. Resnick				
Address	101 Federal Street				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057	Fax	(617) 345-1300

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Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature					Date		
Residence: City	Potomac	State	MD	Country		Citizenship	USA
Post Office Address	10525 Tyler Terrace						
Post Office Address							
City	Potomac	State	MD	ZIP	20854	Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto


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Given Name (first and middle [if any])				Family Name or Surname			
Judith				Kantor			
Inventor's Signature				Date			
Residence: City		Rockville	State	MD	Country	Citizenship	USA
Post Office Address		1096 Larkspur Terrace					
Post Office Address							
City		Rockville	State	MD	ZIP	20850	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Donald				Kufe			
Inventor's Signature				Date			
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Residence: City		Acton	State	MA	Country	Citizenship	USA
Post Office Address		114 Nonset Path					
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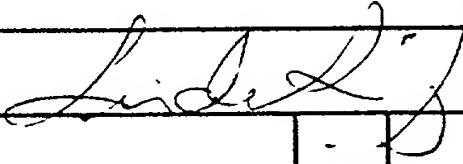
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Linda				Gritz			
Inventor's Signature				Date		9/27/99	
Residence: City		State		Country		Citizenship	
						USA	
Post Office Address		3 Emerson Street					
Post Office Address							
City		Somerville		State		ZIP	
						Country	
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Examiner Name		

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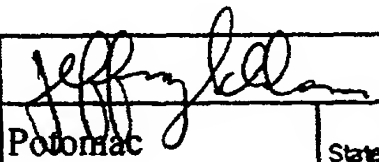
Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

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Address					
City	Boston	State	MA	ZIP	02110
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature				Date	12/7/99		
Residence: City	Potomac	State	MD	Country		Citizenship	USA
Post Office Address	10525 Tyler Terrace						
Post Office Address							
City	Potomac	State	MD	ZIP	20854	Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Judith				Kantor			
Inventor's Signature		<i>Judith Kantor</i>		Date		12/2/99	
Residence: City		Rockville		State		MD	
				Country		USA	
Post Office Address		1096 Larkspur Terrace					
Post Office Address							
City		Rockville		State		MD	
				ZIP		20850	
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald				Kufe			
Inventor's Signature				Date			
Residence: City		Wellesley		State		MA	
				Country		USA	
Post Office Address		179 Grove Street					
Post Office Address							
City		Wellesley		State		MA	
				ZIP		02181	
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis				Panicali			
Inventor's Signature				Date			
Residence: City		Acton		State		MA	
				Country		USA	
Post Office Address		114 Nonset Path					
Post Office Address							
City		Acton		State		MA	
				ZIP		02170	
				Country			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Linda

Gritz

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

USA

Post Office Address

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Post Office Address

City

Somerville

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

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